

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

## CERTIFICATE OF DEATH

Reg. Dist. No. 57

## 1. PLACE OF DEATH:

County CalvertCity or town Huntingtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Huntingtown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Ann Jones

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 18, 19468. AGE: Years 1 Months 3 Days 3 If less than one day hrs. min.9. Birthplace Calvert md  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name William Jones13. Birthplace Huntingtown14. Maiden name Myrtle Rose15. Birthplace Calvert co md16. Informant William JonesAddress Huntingtown17. Burial Date thereof 10-23-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory YoungsLocation Huntingtown18. Funeral director John D. ChaseAddress Huntingtown19. 10-23 19 46 JK Ward  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 19 46 at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 19 46and that I last saw her alive on 19 46

Immediate cause of death

Premature  
malnutrition  
of feeding

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE JK Ward

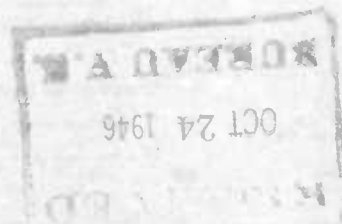
M. D. or other

Address JK Ward Date signed 10/22/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

## CERTIFICATE OF DEATH

Reg. Dist. No. 098374 57

### 1. PLACE OF DEATH:

County Calvert  
City or town Huntingtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert  
City or town Huntingtown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Rural  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

#2 Robert Leon Jones

### 3. (b) Social Security Number

4. Sex male 5. Color or race c 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 15, 1946 6.(c) If alive, give age ..... years

8. AGE: Years 1 mo Months 1 mo Days 3 If less than one day ..... hrs. .... min.

9. Birthplace Calvert Co md  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William Jones  
13. Birthplace Calvert Co md

MOTHER 14. Maiden name Myrtle Long  
15. Birthplace Calvert Co md

16. Informant William Jones  
Address Huntingtown

17. Burial Date thereof 10-23-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Youngs  
Location Huntingtown

18. Funeral director John D. Chase  
Address Huntingtown

19. 10-23 19 46 YK-W. Ward  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct. 22 19 46 at 1:30 PM

2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....  
and that I last saw him alive on..... 19.....

Immediate cause of death

Premature  
mal adjustment of  
feeding

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

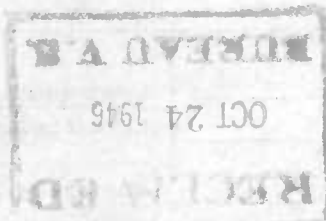
23. SIGNATURE YK-W. Ward

M. D. or other MD  
Address MD Date signed 10/24/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

09831

## CERTIFICATE OF DEATH

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County CalvertCity or town W. Beach Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town W. Beach Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James B. McCarty

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Missie

7. Birth date of

deceased (mo., day, yr.)

April 13, 1888

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

58

hrs. min.

9. Birthplace

Dunnville, Ont. Canada  
(Town, county, and state)

10. Usual occupation

11. Industry or business

Relief

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

18. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Oct 24 46  
(month) (day) (year)

Cemetery or crematory

Arlington National

Location

Arlington Va.

18. Funeral director

Address

S. J. Jones  
Washington, D.C.19. Oct 22

(Date rec'd by registrar)

19. 46Grace L. Hutchins

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20 1946, at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death

acute dilatation of heart due to over exertion

DURATION

2 min

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 10/20/46

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) Public placeMeans of injury Officer making arrestInjured at work? Yes

23. SIGNATURE

M. D. or other

Address Spring MdDate signed 10/20/46





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

09832 71

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County CalvertCity or town Adelina  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Adelina  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

Shirley Faye Parker

## 3. (b) Social Security Number

4. Sex Female5. Color or race B6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct 7, 19468. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Adelina  
(Town, county, and state)10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Clifton Gress13. Birthplace Calvert Co. Md.14. Maiden name Enelwyn Parker15. Birthplace Calvert Co. Md.16. Informant Enelwyn ParkerAddress Adelina17. Burial Date thereof 10-10-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CannellsLocation Barton Md18. Funeral director P. E. SewellAddress Pv. Fred. Md19. 10-9-46 Registrar H. C. C. C.  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 19 46 at 8:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7 19 46 to Oct 9 19 46 and that I last saw him alive on Oct 8 19 46Immediate cause of death Congenital anomalies

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE George West M. D. or otherAddress George West Date signed 10/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 17 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 57

## 1. PLACE OF DEATH:

County CabotCity or town Prince Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CabotCity or town Prince Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war 2nd

## 3. (a) FULL NAME

Jennie D. Rawlings

## 3. (b) Social Security Number

720

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 7, 1883

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 63 Months 6 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Cabot County, Md  
(Town, county, and state)10. Usual occupation Home

## 11. Industry or business

12. Name James W. Rawlings13. Birthplace Md14. Maiden name Dorothy L. Buckles15. Birthplace Md18. Informant Jessie RawlingsAddress Prince Frederick, Md17. Burial Date thereof Oct 24, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WesleyLocation Prince Frederick, Md18. Funeral director A. G. Harkness & SonAddress Mt Airy, Md19. 10-23-46 W. W. Ward  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22, 1946 at 1:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/22 1946, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

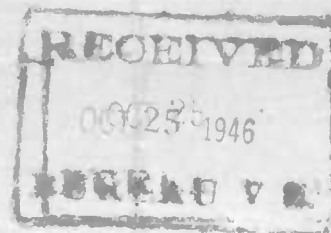
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James W. Rawlings M. D. or otherAddress Prince Frederick Date signed 10/22



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 552

## 1. PLACE OF DEATH:

County CalvertCity or town Sumner, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

Sumner, Maryland

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Sumner  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

James Edward Stallings

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Alice SmithStallings 6.(c) If alive, give age 21 years7. Birth date of deceased (mo., day, yr.) May 26, 19238. AGE: Years 23 Months 5 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Randall's Cliff, Calvert, Md.  
(Town, county, and state)10. Usual occupation auto mechanic

## 11. Industry or business

12. Name George Stallings13. Birthplace Maryland14. Maiden name Paul Fowler15. Birthplace Prince Frederick, Md.16. Informant Mother - Paul StallingsAddress Sumner, Md.17. Burial Date thereof 10/31/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount HarmonyLocation Sumner, Md.18. Funeral director HutchinsonAddress Sumner, Md.19. Oct 31 19 46 Grace E. Hutchins  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 19 46 at 10:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28 19 46 to Oct 28 19 46and that I last saw him alive on Oct 28 19 46Immediate cause of death tuberculosis

## DURATION

4 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Geo. D. Williams, M.D.  
M. D. or other \_\_\_\_\_Address Huntingtown, Md. Date signed 10/30/46

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NOV 6 1946  
BUREAU OF

2-25

520

2-~~5200~~

2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

## CERTIFICATE OF DEATH

Reg. Dist. No. 19835 51

## 1. PLACE OF DEATH:

County CalvertCity or town Buxton, Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Buxton, Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Elizabeth Rice Wills

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single Widowed

6. (b) Name of husband or wife

Frank Wills

7. Birth date of deceased (mo., day, yr.)

7 Sept., 1890

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

561

hrs.

min.

9. Birthplace

Sunderland, Md  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Joseph J. Rice

13. Birthplace

Sunderland, Md

MOTHER

14. Maiden name

Baronah Smith

15. Birthplace

Sunderland, Md

16. Informant

George O. Rice (brother)

Address

Sunderland

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 11, 1946  
(month) (day) (year)

Cemetery or crematory

Mt. Hope

Location

Sunderland, Md

18. Funeral director

J. E. Sewell

Address

Pr. Fred, Md

19.

(Date rec'd by registrar)

Oct 11, 1946N. W. Ward

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 7

19

46

at

1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

Oct 7, 1946and that I last saw her alive onOct 7, 1946

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertensive C.V.T.

Due to

Other conditions

Ad. of breast

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. D. Villarreal

M. D. or other

Address

Pr. Fred, Md

Date signed

Oct 8, 1946

RECEIVED

OCT 17 1946

BUREAU 7 6